

ACCIDENTAL OVERDOSE INTOXICATION: A HAZARD OF DRUG SMUGGLING

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Three patients involved in illicit drug smuggling via the swallowing of high dose, high purity drugs packed in multiple condoms are reported. Two of these patients experienced drug overdose symptoms due to leakage or rupture of the condoms in the GI tract. They were treated successfully.

The increased profitability and popularity of drugs in the United States have led to various modes of drug smuggling. One of the newer methods is the swallowing of condoms or balloons containing narcotics prior to crossing international borders and later recovering these devices from the stool.

The potential hazardous effects of this mode of smuggling include rupture of the drug containers in the gastrointestinal tract with subsequent overdose of drugs, and intestinal obstruction due to impaction of the packages at the ileocecal junction.

REPORT OF CASES

Case 1

A 22-year-old white woman travelling from Pakistan was noted by custom officials to be lethargic and unsteady at John F. Kennedy International

Airport in Queens. Although lethargy deepened, she responded to painful stimuli. Physical examination of the patient revealed three fluid-filled, plastic bags within the vagina. Following a phosphate soda enema, she passed 32 similar bags rectally. The patient then was sent to Queens Hospital Center (QHC) for further evaluation and treatment.

On arrival at QHC she was lethargic but arousable upon deep stimulus. Her abdomen was soft and nontender. Her pupils were dilated to 5 mm and were reactive to light stimulation. Blood pressure was 120/80 mmHg.

Abdominal roentgenograms (Figure 1) showed several opaque round densities, each measuring about 4 cm in diameter. One density was seen in the region of the stomach and several others in the rectosigmoid. Following rectal examination, she passed six additional fluid-filled condoms (Figure 2); these contained hashish oil that had been sealed with melted candle wax.

The patient was hydrated with 5 percent dextrose saline solution at 150 ml per hour. Several hours after reaching the hospital ward, she evacuated a total of 35 more bags containing hashish oil during two separate episodes.

By the second hospital day, she was alert and oriented. She was discharged on the third day but was brought back to the hospital that same day by custom officials on the suspicion that all the packages had not been evacuated. During her second admission she passed ten more fluid-filled condoms rectally. The patient was observed for one more day and then released to police custody.

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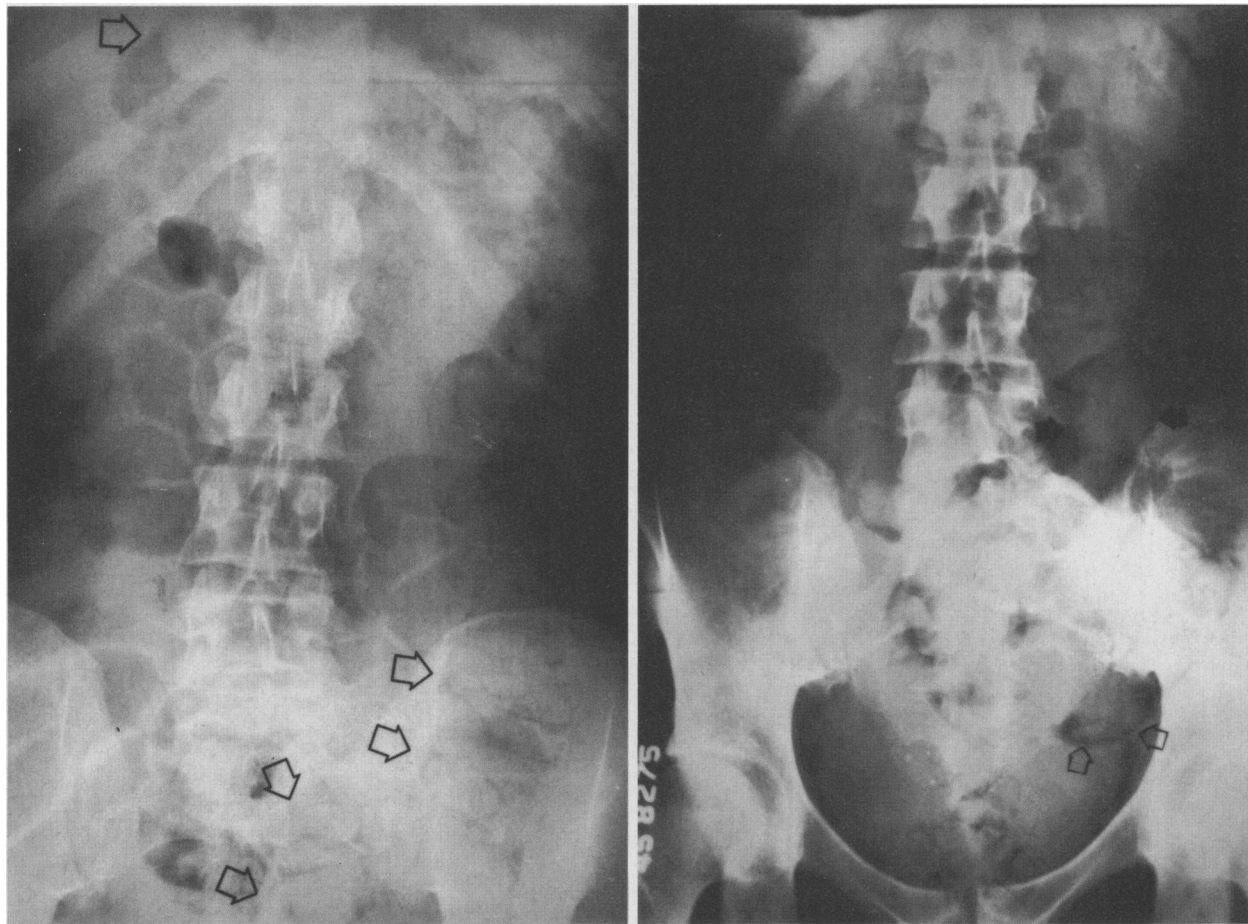


Figure 1. Plain abdominal roentgenogram (left) reveals multiple diffuse, rounded radiodensities in the region of the rectosigmoid and the stomach (arrows). A later radiograph (right) of the same patient demonstrates fluid-filled condoms at the left iliac crest and in the rectosigmoid (arrows)

Case 2

A 22-year-old white woman, who was traveling from Pakistan with the patient described in case 1, was searched upon arrival at JFK Airport. Several fluid-filled condoms were found in her vagina. She passed several similar bags per rectum after receiving an enema, then was sent to QHC for evaluation.

In the emergency room she passed several condoms filled with hashish oil rectally. Her physical examination was within normal limits. An abdominal roentgenogram revealed several round opaque densities measuring about 4 cm in diameter (Fig-

ure 3). The colon was impacted with fecal matter. She refused further examination.

Since she was asymptomatic, she was released in the custody of the police. The next day she was seen again in the emergency room of QHC and was told of the potential dangers of rupture or leakage of any remaining packages in her GI tract. By this time she had been released from police custody on bail, and she refused all medical treatment.

Case 3

A 36-year-old white man, while at JFK Airport, was apprehended for carrying hashish in his socks. He confessed to heroin smuggling. He was admin-



Figure 2. Six rubber condoms containing hashish oil which were expelled from the rectum of the first patient

istered repeated enemas after which the airport medical team was able to retrieve 37 heroin-filled condoms, each containing 6 to 8 gm of the purified drug.

Upon further questioning, the patient revealed that he had tested the packages for leaks by immersing them in water prior to swallowing them approximately 24 hours before leaving Pakistan.

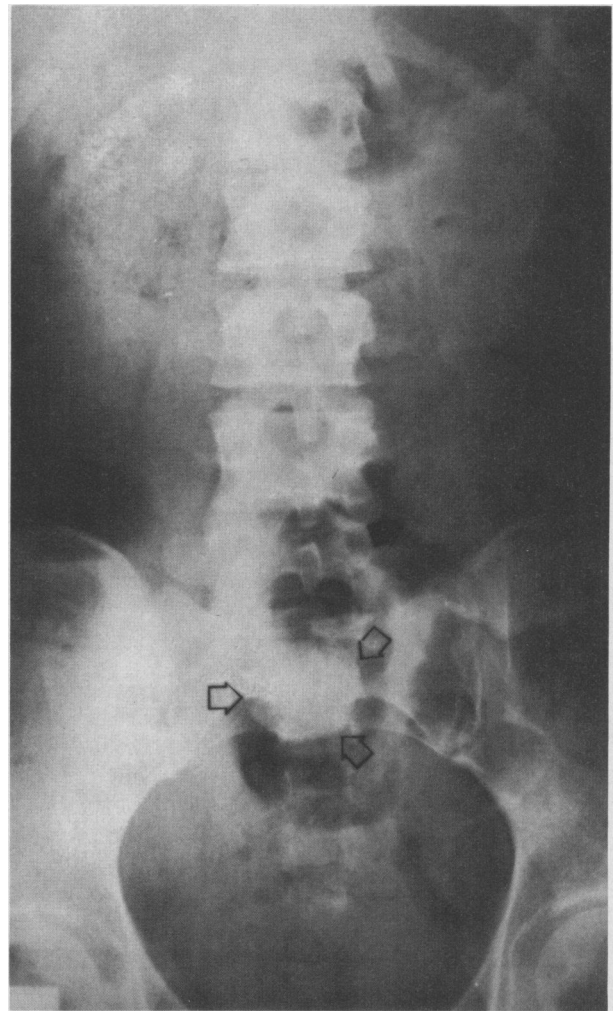


Figure 3. Radiographic examination of the second patient's abdomen revealed rounded opaque densities overlying the left sacral wing (solid arrows) and sacrum (open arrows)

He was uncertain whether he had swallowed 60 or 61 packages.

The patient was referred to QHC for evaluation. On physical examination the abdomen was non-tender, and no masses were palpable. The patient was asymptomatic. Roentgenographic examination of the abdomen (Figure 4) revealed several radiolucent densities in the large bowel, especially in the descending colon. After receiving cathartics and tap water enemas, he passed 23 more heroin-filled condoms.

Since the patient was unsure of the number of swallowed packages, he was admitted to the ward and observed overnight. The next day it was as-

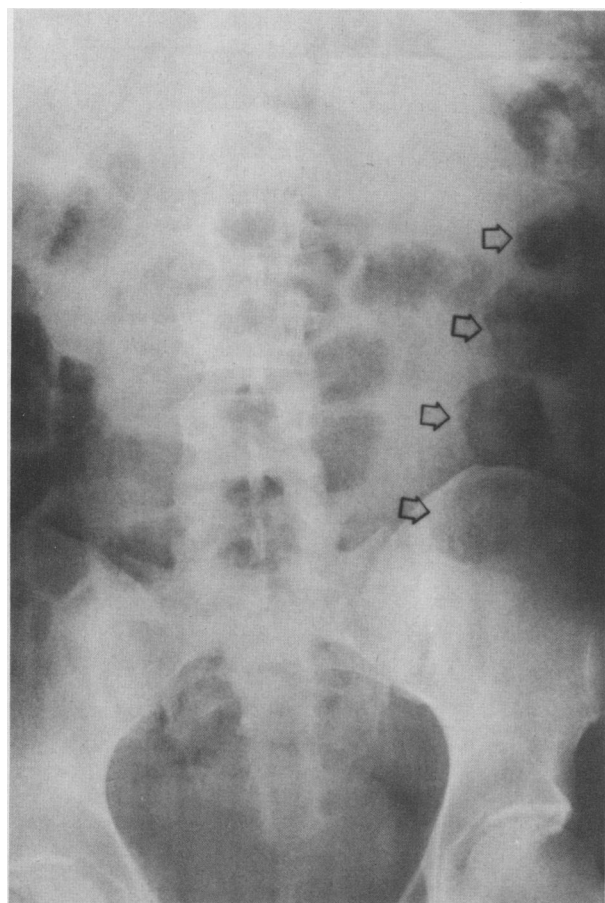


Figure 4. The third patient's abdominal radiograph reveals rounded radiolucent masses in column within the descending colon (arrows)

sumed that he had passed all the drug containers, and he was discharged from the hospital. Just as he was leaving the ward in police custody, he had a sudden respiratory arrest. The patient was resuscitated with intravenous naloxone and was transferred to the intensive care unit. He received IV naloxone drip for the next 24 hours, was observed for another 24 hours, and then released into police custody.

DISCUSSION

Oral ingestion techniques for drug smuggling apparently are not unusual.¹⁻⁶ In addition, it is fairly common for similar packages to be inserted into the vagina or rectum. Most of the reported cases in the literature were discovered because of complications such as intestinal obstruction² or

drug overdose.³ It is apparent that many asymptomatic carriers enter this country undetected.

Hashish is radiopaque while heroin, cocaine, and morphine are not. Pinsky et al⁴ described the double condom sign for detection of nonopaque narcotics within the gastrointestinal tract. The air trapped between the layers of condoms produces a ringlike lucency. This sign will not be present in instances of single layer packages. Multiple radiopaque or lucent densities, of almost the same size, seen on the abdominal film of a suspected person should be considered as ingested drug containers. One seldom can be sure of the type or quantity of drugs being smuggled. It must be assumed that such a patient contains a total potentially lethal dose.

It would be prudent to suspect that patients would rather not reveal all of the drug they are carrying, in the hope that some of the precious cargo could be saved for themselves. In these cases, hospitalization is mandatory. Such patients should receive intravenous fluids with close monitoring. Cathartics and gentle enemas are the treatment of choice in asymptomatic persons. Surgery should be reserved for cases of intestinal obstruction or life threatening situations. Endoscopic removal of packages should not be attempted because of the great risk of rupture.

The patient should be given a marker to document the alimentary transit time, which may be considerably prolonged in opiate addicts. Activated charcoal is excellent for this purpose, as it is readily identifiable in the stool. If there is suspicion of retained drugs despite the above steps, a contrast study of bowel may be done. If there is evidence of free drug within the gut, treatment will depend entirely on the substance ingested.

Literature Cited

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